

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Denied</i>		<i>04-11-01</i>
O.I.P.E. CLASSIFIER	<i>ASD</i>		<i>5/2/01</i>
FORMALITY REVIEW	<i>SA</i>	<i>555</i>	<i>5/17/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 7-26-02
2	✓ 1-6-03
3	✓ 5-28-03
4	✓ 10-19-03
5	✓ 8-3-04
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11	✓
12	" "
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17	" "
18	✓
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20	" "
21	✓
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23	" "
24	✓
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29	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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7/10/01